

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **1801316**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
13	/	/				
14	X	X				
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35	/	/				
36	X	X				
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50						
TOTAL IND.	2					
TOTAL DEP.	14					
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						